

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5536

STATE FILE NUMBER  
=63-021738

FILED JUN 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY OR TOWN

St Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

De Paul Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3812 A Chippewa Str

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Murvel

Engene

Igon

4. DATE OF DEATH

Month

Day

Year

May

22

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/2/01

9. AGE (last birthday)

61

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10b. KIND OF BUSINESS OR INDUSTRY

De Paul Hospital

11. BIRTHPLACE (City and state or country)

Springfield Ill

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

George Eugene Igon

13b. MOTHER'S MAIDEN NAME

Rebeca Veach

14. NAME OF HUSBAND OR WIFE

Elenor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

24

17. INFORMANT

Grace Hampton Rt 3 Festus Mo.

18. CAUSE OF DEATH (Enter only one cause per)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arterio-sclerotic heart

2 yrs

DUE TO (c)

disease with hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1962 to May 22-63 and last saw him alive on May 18-63

Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deedee on file)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/25/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St Louis Missouri

24. FUNERAL DIRECTOR

ADDRESS

Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.

MAY 24 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1

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59

DATE AMENDED

2/6/63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harley F. Triller Jr*

Licensed Embalmer No.

*9950*

P. O. Address

*St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.